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A Methodology for Modifying Concurrent Review

April 1978

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

HEALTH CARE FINANCING ADMINISTRATION
HEALTH STANDARDS AND QUALITY BUREAU

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MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH CARE FINANCING ADMINISTRATION
HEALTH STANDARDS AND QUALITY BUREAU
OFFICE OF PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS

TO : Planning and Conditional PSROs;
Statewide Councils; Regional
PSRO Project Officers

DATE: APR 24 1978

Technical Assistance
Document No. 15

FROM : Director

SUBJECT: A Methodology for Modifying Concurrent Review

This technical assistance document describes a method for analyzing data and information in order to make decisions with respect to modifying or focusing concurrent review. The protocol provided, the Focus Out Form (FOF), was developed by Interqual, Inc., under their expert assistance contract (No. 240-76-0160) with the Health Standards and Quality Bureau (HSQB). The protocol was originally intended for use by consultants selected by Interqual, Inc., to work with Professional Standards Review Organizations (PSROs) seeking assistance in the area of focusing. We have decided to transmit the document to all PSROs as part of our ongoing effort to provide assistance in this area.

In general, FOF is oriented towards exempting categories of diagnoses and procedures from concurrent review within a hospital or throughout the PSRO area. The key data and information analyzed include:

- a) average length-of-stay comparisons by hospital, area, and region;
- b) length-of-stay patterns over time using normative percentile distributions;
- c) findings from performing concurrent review activities;
- d) justification for admission/validation of the diagnosis by performing a "mini audit" on discharges for the most recent quarter;
- and e) review of previously performed audits/reaudits, where available.

The FOF is also used to document the decision to exempt a category from review and to identify the type of monitoring which will take place to assure the continued appropriateness of the decision.

The attached document contains detailed instructions and forms for using this method. FOF is not intended to be an all inclusive method. Rather, it may help PSROs identify and analyze some of the information needed in implementing their approach for focused review. We would be interested in receiving comments on your experience in using this protocol.

Michael J. Goran
Michael J. Goran, M.D.

Attachment

CONSULTANT PROTOCOL ON
MODIFICATION OF CONCURRENT REVIEW
(FOCUSING OUT)

C O N T E N T S

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Developed by InterQual, Incorporated pursuant to DHEW Contract No.
240-76-0160, for the Office of Professional Standards Review, Health
Standards and Quality Bureau, Health Care Financing Administration.

PART I. INTRODUCTION

PSRO's now conduct (or monitor how delegated hospitals are conducting) a concurrent review program with admissions and continued stay review components. These programs screen federally financed patients at admission and when hospital stay extends beyond an area norm. Professionally developed explicit screening criteria form the basis for making determinations about the medical necessity for initial or continued hospitalization.

In most PSRO areas, every patient record is reviewed at least once for purposes of admission certification. If a patient remains longer than the 50th percentile length of stay, his record is reviewed again for continued stay certification. As the duration of a patient's stay becomes longer, his records require additional continued stay reviews.

Greater benefit from the PSRO review system may be possible through more flexible approaches to concurrent utilization review. One such approach is to reduce concurrent review below its present 100% level in areas where no improvement can be expected. Examples are admission review of term pregnancy or continued stay review for patients, diagnoses, procedures, or physicians where hospital stays are already well below approved norms.

This concept of focusing has two aspects: "focusing in" and "focusing out." Focusing in represents a more intense review of those areas where a problem is known or suspected to exist; focusing out means that there will be no on-going concurrent utilization review in areas where it is demonstrated that such review will have no further significant effect. Instead, a much less intensive monitoring approach such as limited screening through selected sampling, is substituted. Thus, by focusing out those areas where review has little effect and focusing in those where intensive review may have greater effect, a more appropriate use of resources is achieved.

PART II. INSTRUCTIONS FOR USING THE PSRO FOCUS OUT FORM FOR
EXEMPTIONS FROM CONCURRENT REVIEW

The PSRO Focus Out Form (FOF) has twelve sections as follows:

- A. Basic Information
- B. Specification of Focus Out Group (FOG)
- C. Comparative Average LOS Data
- D. Comparative LOS Percentile Data
- E. Supporting/Explanatory LOS Information
- F. Concurrent Review Activity Report
- G. Supporting/Explanatory Review Activity Information
- H. Retrospective Review Backup Data
- I. Additional Supporting Information
- J. Follow-up Plan
- K. Resource Impact
- L. Action

The FOF serves several functions. First, it is the basic investigatory protocol by which information is collected and displayed to demonstrate why a specified group has the potential to be focused out of the concurrent review process. The group for which a FOF is completed is referred to as the Focus Out Group or "FOG".

A completed FOF also serves as the permanent documentation of a decision to (or not to) exempt a FOG from further concurrent review.

Finally, the FOF is used to document and report on the on-going monitoring required during any focus-out period and is the basis for decisions about continuing or withdrawing focus-out authorizations.

On the following pages are instructions for completing each section. Each step is illustrated with the corresponding section from the completed sample that is Part V of this protocol.

A. BASIC INFORMATION

This section identifies the Focus Out Form (FOF). A separate FOF should be prepared for each Focus Out Group (FOG). The PSRO may want to investigate the possibility of focusing out the same group in all hospitals at the same time. This will minimize the manpower needed to gather and display the necessary data and will make a comparative evaluation among hospitals possible.

- Step 1. Enter the name of the PSRO.
- Step 2. Enter the name of the hospital.
- Step 3. Enter the name of the PSRO or hospital staff member who is coordinating preparation of the FOF the date of transmittal, and the telephone number where the staff person can be reached.
- Step 4. Enter the title of the FOG.
- Step 5. Check "New Authorization" when this is the first time it is proposed to focus out on the FOG, or check "Continuation" if the FOG has been previously exempted.
- Step 6. Enter the time period for which focusing out will be applicable.

FOF PAGE 1		PSRO FOCUS OUT FORM for EXEMPTIONS FROM CONCURRENT REVIEW	
A. BASIC INFORMATION			
①	→ PSRO	Area MCM LXXVII	
②	→ HOSPITAL	Siron General Hospital	
③	→ PREPARED BY	Dr. Stark, M.D.	DATE 18 Oct 77 PHONE 555-1212
④	→ FOCUS OUT GROUP	Normal Delivery	
⑤	→ ☒ NEW AUTHORIZATION	☐ CONTINUATION	PERIOD Nov 77 - Jun 78

⑥

B. FOCUS OUT SPECIFICATIONS

This section is used to precisely define the Focus Out Group (FOG) by: 1. diagnosis; 2. problem or condition; 3. surgical or special procedure (or a combination of diagnosis and procedure); 4. a clinical area or a specific department in the small hospital or special units and programs such as burns, alcoholism, dialysis, etc.; or 5. perhaps even the whole hospital.

Step 7. Check the FOG type.

Step 8. Describe the FOG precisely, including special characteristics, limitations, etc., needed for precision.

Step 9. Where some or all of the supporting data is based on or is to be retrieved from medical records or from computer printouts of abstracted medical record data, specify the index code book used and the codes (included and excluded) that pertain to the FOG.

B. SPECIFICATIONS OF FOCUS OUT GROUP (FOG)	
7 → ☒ DIAGNOSIS	☐ PROBLEM/CONDITION ☐ SURGICAL PROCEDURE
☐ SPECIAL PROCEDURES	☐ CLINICAL AREA (SPECIAL UNIT PROGRAM) ☐ WHOLE HOSPITAL
☐ OTHER _____	
8 → DESCRIBE <i>Patient having Normal vaginal delivery</i>	INDEX CODE(S) ☐ ICDA-8 ☒ HCICDA INCLUDE <i>650</i> ← 9 EXCLUDE <i>631.0-644.9</i> <i>and</i> <i>651.0-678.9</i>
SPECIAL CHARACTERISTICS. (AGE, SEX, PAY, SOURCE, ETC.)	

Step 10. Enter the title of the Length-Of-Stay (LOS) Compilation that is currently approved by the PSRO for assigning stay.

Step 11. Enter the year and group or page number of the table used to derive LOS norms for the FOG.

Step 12. Specify what population is included in the LOS norms. This should match the patients in the FOG.

Step 13. Check the type of patients excluded from the LOS norms calculations in the compilation used. (The exact same exclusions must be used in calculating and reporting hospital FOG actual length of stay data.)

SOURCE AND DETAILS FOR LENGTH OF STAY NORMS FOR FOCUS OUT GROUP	
10 →	TITLE OF COMPILATION <i>LOS in PA hospitals by diagnosis, North Central Region</i>
11 →	YEAR <i>1975</i> GROUP # OR PAGE <i>132</i> AGE GROUP <i>ALL</i>
12 →	☒ SINGLE DX ☐ MULT DX ☐ OPERATED ☒ NOT OPERATED * PATIENTS <i>225,084</i>
13 →	EXCLUDES ☒ DEATHS ☒ TRANSFERS ☒ AMA ☐ LOS OVER _____ DAYS ☐ OTHER—SEE E

COMPARATIVE AVERAGE LOS DATA

A comparison of average LOS data can serve as the first rough screen for a focusing decision. If the average LOS for the FOG in the hospital and PSRO area compare favorably with other published regional LOS norms, focusing out may be considered, otherwise intensification of review may be indicated.

- Step 14. Enter the average local or area LOS for the FOG for the latest quarter. Some norms compilations use additional exclusions (e.g., stays over 99 days) in calculating average LOS. Be sure to exclude these in calculating local data.
- Step 15. Enter the hospital average LOS for the FOG for the latest quarter using the same exclusions as in the compiled tables.
- Step 16. Identify comparative regions (PSRO areas, census divisions, etc.) and enter the reported average LOS for the comparable FOG.

C. COMPARATIVE AVERAGE LOS DATA							
LOCAL DATA		TIME PERIOD	OTHER REGIONS	North Central	North East	South	West
(14) → THIS PSRO AREA	3.2 DAYS	7/77-9/77	SOURCE	PAS	PAS	PAS	PAS
(15) → THIS HOSPITAL	3.1 DAYS	7/77-9/77	TIME PERIOD	1975	1975	1975	1975
			DAYS	3.3	3.7	3.2	2.6

D. COMPARATIVE LOS PERCENTILE DATA

To support the argument that continued stay reviews (CSR) can be focused out, data displaying stay practice should be presented that proves:

1. Stay practice is comparable to PSRO accepted norms and other regional norms.
2. Stay practice is consistent and stable.
3. No further improvement seems achievable.

Valid evaluation of stay data requires looking at the pattern of stay. Simply comparing average stays is inadequate (and often unfair) as a very few very long stay patients can easily distort the average. Where stay practice has become appropriate and habitual and provision of ancillary services in the hospital is functioning efficiently, the distribution of stay will approach that of a "bell-shaped curve", indicative that differences are due to random factors alone.

One method of describing that distribution is to calculate and display several of the percentiles. This has several advantages.

1. It describes the pattern, not just the central tendency.
2. It allows for valid comparison between groups of different sizes.
3. Comparisons can be made to norms as all published LOS compilations display several of the percentiles.

Step 17. Enter the approved regional norms on the line provided. These data are to be copied from the line on the table in the LOS compilation currently approved for use and defined in Steps 10-13. The percent of Total Discharges is equal to:

$$\frac{\text{Total Patients in FOG} \times 100}{\text{Total Discharges in compilation}}$$

FOF	PSRO <u>Area MEMPHIS VII</u>	HOSPITAL <u>Strong General</u>
PAGE 2	FOG <u>Normal Delivery</u>	DATE <u>18 October 1977</u>
D. COMPARATIVE LOS PERCENTILE DATA		
TIME PERIOD	# OF PATIENTS	% OF TOTAL DISCH
		LOS PATTERN - PERCENTILES
		10th 25th 50th 75th 90th
APPROVED REGIONAL NORM		1975 355084 4.1 3 4 4 5

The norms can serve as a basis for comparison with the stay statistics for each hospital. Hospital statistics on federally funded patients (Medicare, Medicaid, Title V) should be presented for the latest quarter and at least 5 prior calendar quarters.

- Step 18. Enter the month and year (inclusive) of each quarter, listing the latest quarter first followed by prior quarters - do not skip any quarter.
- Step 19. Enter the total number of patients in the FOG discharged during each quarter.
- Step 20. Enter the % of Total Discharges calculated as follows:

$$\frac{\# \text{ of Patients in FOG this quarter} \times 100}{\text{Federal Patients discharged from hospital this quarter}}$$

- Step 21. Enter the LOS PATTERN-PERCENTILES for each quarter.

If this data is already calculated by a computerized data system, attach a copy of the print-out as supporting documentation. If you are not in a computerized system, use the method described in the addendum "Calculating Percentiles for Focusing Out" and prepare a "LOS Percentile Calculation Worksheet" for each of the quarters being presented. The LOS calculations must exclude the same type of patients that are excluded in the approved compilations. In doing your percentile calculations for the latest quarter, enter the number of patients excluded for each of the reasons specified in Section E. (See Step 23.)

FOF		PSRO Area <u>Area MCMXXVII</u>	HOSPITAL <u>Strong General</u>					
PAGE 2	FOG <u>Normal Delivery</u>	DATE <u>18 October 1977</u>						
D. COMPARATIVE LOS PERCENTILE DATA								
	TIME PERIOD	# OF PATIENTS	% OF TOTAL DISCH.	LOS PATTERN - PERCENTILES				
				10th	25th	50th	75th	90th
APPROVED REGIONAL NORM	<u>12/75-2/55</u>	<u>255,084</u>	<u>4.1</u>	<u>3</u>		<u>4</u>	<u>4</u>	<u>5</u>
FEDERAL PATIENTS LATEST QUARTER	<u>11/77-2/77</u>	<u>47</u>	<u>4.7</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>4</u>
1st PRIOR QUARTER	<u>4/77-6/77</u>	<u>37</u>	<u>3.7</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>4</u>
2nd PRIOR QUARTER	<u>1/77-3/77</u>	<u>38</u>	<u>3.8</u>	<u>3</u>	<u>3</u>	<u>4</u>	<u>4</u>	<u>5</u>
3rd PRIOR QUARTER	<u>10/76-12/76</u>	<u>40</u>	<u>4.0</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>5</u>	<u>6</u>
4th PRIOR QUARTER	<u>7/76-9/76</u>	<u>46</u>	<u>4.6</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>5</u>	<u>6</u>
5th PRIOR QUARTER								
6th PRIOR QUARTER								
7th PRIOR QUARTER								

If the stay practice is appropriate and habitual, there will be little difference between the statistics for federal and non-federal patients. Where the federal stays are lower than the non-federal it may be that the review system is making the difference. There is the danger that focusing out will allow the pattern to revert to the non-federal level. Where federal stays are higher it may be due to a difference in case mix. Federal patients may be in an older age group or of a socio-economic status that may require longer hospitalization to achieve an appropriate discharge status.

Significant divergences should be carefully evaluated and explained. (See Step 24.)

- Step 22. Enter the statistics for non-federal patients for the latest quarter as described in Steps 18-21.

Attach the supporting printout or LOS Percentile Calculation Worksheet.

If your data system reports on all discharges (not just non-federal) use that data for comparison and note it in Step 24.

FOF PAGE 2	PSRO <u>Area MCM LKXV11</u>	HOSPITAL <u>Strook General</u>
	FOG <u>Normal Delivery</u>	DATE <u>18 October 1977</u>

D. COMPARATIVE LOS PERCENTILE DATA								
	TIME PERIOD	# OF PATIENTS	% OF TOTAL DISCH	LOS PATTERN - PERCENTILES				
				10th	25th	50th	75th	90th
APPROVED REGIONAL NORM	1975-1976	255,084	4.1	3		4	4	5
FEDERAL PATIENTS LATEST QUARTER	11/77-2/78	47	4.7	3	3	3	3	4
1st PRIOR QUARTER	4/77-6/77	37	3.7	3	3	3	3	4
2nd PRIOR QUARTER	1/77-3/77	38	3.8	3	3	4	4	5
3rd PRIOR QUARTER	10/76-12/76	40	4.0	4	4	4	5	6
4th PRIOR QUARTER	7/76-9/76	46	4.6	4	4	4	5	6
5th PRIOR QUARTER								
6th PRIOR QUARTER								
7th PRIOR QUARTER								
NON-FEDERAL PATIENTS LATEST QUARTER	11/77-2/78	56	5.6	3	3	3	3	4

E. SUPPORTING/EXPLANATORY LOS INFORMATION

Step 23. Enter the number of patients excluded from the latest quarter LOS calculations by type.

Step 24. Enter other explanatory information.

Use this space to provide information such as differences in patient mix between federal and non-federal patients or a description of any event that would aid in explaining changes in the pattern of stay. For FOG's defined by surgical procedure, consider providing information on pre-op and post-op stay patterns.

E. SUPPORTING/EXPLANATORY LOS INFORMATION											
LATEST QUARTER EXCLUSIONS FROM LOS <table border="1"> <thead> <tr> <th>TYPE OF PATIENT</th> <th>*</th> </tr> </thead> <tbody> <tr> <td>DEATHS</td> <td>0</td> </tr> <tr> <td>TRANSFERS</td> <td>0</td> </tr> <tr> <td>LEFT AMA</td> <td>0</td> </tr> <tr> <td>LOS OVER DAYS</td> <td></td> </tr> </tbody> </table> OTHER	TYPE OF PATIENT	*	DEATHS	0	TRANSFERS	0	LEFT AMA	0	LOS OVER DAYS		
TYPE OF PATIENT	*										
DEATHS	0										
TRANSFERS	0										
LEFT AMA	0										
LOS OVER DAYS											

F. CONCURRENT REVIEW ACTIVITY REPORT

As part of the PSRO concurrent review plan, certain data descriptive of concurrent review activity is maintained. This data should also be presented in support of the focus out decision as it gives some indication of the amount of effort required to maintain the LOS pattern.

- Step 25. For each of the quarters for which LOS data was presented (in Steps 18-21), enter the percentage of cases referred to the Physician Advisor during admission review (AR) and continued stay review (CSR).
- Step 26. Enter the percentage of cases whose admission certification and/or continued stay was denied.
- Step 27. Enter the actual number of termination letters that were sent.

G. SUPPORTING/EXPLANATORY REVIEW ACTIVITY INFORMATION

- Step 28. Use the space indicated to enter additional information concerning the review activity such as comments from fiscal intermediaries about the hospital experience with the FOG.

FOF	PSRO <u>Area MEMLXX VII</u>	HOSPITAL <u>St. George</u>
PAGE 3	FOG <u>Normal Delivery</u>	DATE <u>18 October 1977</u>

F. CONCURRENT REVIEW ACTIVITY REPORT (for new authorizations)

QUARTERS	% TO PA REVIEW		% DENIED		# OF TERMINATIONS SENT
	AR	CSR	AR	CSR	
LATEST	0	0	0	0	0
1st PRIOR	0	0	0	0	0
2nd PRIOR	0	0	0	0	0
3rd PRIOR	2.5	2.5	0	0	0
4th PRIOR	4.3	2.2	0	2.2	1
5th PRIOR					
6th PRIOR					
7th PRIOR					

G. SUPPORTING/EXPLANATORY REVIEW ACTIVITY INFORMATION

28 →

H. RETROSPECTIVE REVIEW BACK-UP DATA

Data to evaluate admission practices are derived from the variation analysis of a "mini-audit" that examines justification criteria for the FOG. This mini-audit should be performed on the latest quarter using the technique approved for MCE studies by the PSRO. If a previous MCE study of an equivalent group has been performed, the criteria used in the MCE should be used for the mini-audit so that data from the two studies are comparable.

Where the type of FOG is a diagnosis, problem, condition or clinical area, the justification for admission and the validation of diagnosis should be the subject of review. Where the FOG is based on a surgical or special procedure, then indication criteria should be applied. The mini-audit should be carried through to completion, including the follow-up plans.

Step 29. Enter the time period covered by the mini-audit.

Step 30. Enter the total number of patients in the FOG covered by the mini-audit.

Step 31. Enter the results of the variation analysis (# of variations/deficiencies) under each applicable category of criteria. Enter N/A for each non-applicable category.

FOF		PSRO <u>Area MCLXXVII</u>		HOSPITAL <u>St. George General</u>	
PAGE 4		FOG <u>Normal Delivery</u>		DATE <u>18 October 1977</u>	
H. RETROSPECTIVE REVIEW BACK-UP DATA					
				* VARIATIONS ← * DEFICIENCIES	
DATA FROM	TOTAL PATIENTS COVERED	ADMISSION JUSTIFICATION	DIAGNOSIS VALIDATION	INDICATIONS	
				SURGERY	SPECIAL PROCEDURES
MINI-AUDIT OF LATEST QUARTER (CRITERIA ATTACHED)					
DATES <u>7/77 - 9/77</u>	<u>47</u>	<u>0</u>	<u>0</u>	<u>N</u>	<u>1</u>
		<u>0</u>	<u>0</u>	<u>A</u>	<u>0</u>

In general, the first groups to be focused out by the PSRO will be those for whom MCE studies (either hospital or area wide) have already been done. Previous MCE data (if available) showing that problems have been found and corrected provides a firm comparative basis for supporting the focusing out decision.

- Step 33. Indicate the topic of the latest MCE study, total patients covered, and the results of the variation analysis of the justification criteria.
- Step 34. Enter the date and time period covered by the MCE study.
- Step 35. If the MCE was reviewed and approved by the PSRO, check "YES" and enter date; otherwise, check "NO".

At the current status of review activity, it would be unusual if no problems were found by an MCE, unless it was a re-study to document correction. Certain information from MCE's can be used to support focusing out especially where specific providers or units are to be excluded from the FOG.

- Step 36. Enter a short narrative summary of problems found, action taken and follow-up evidence of correction (or non-correction) from the latest MCE of the FOG.

FOF		PSRO <u>Area MCLXXVII</u>		HOSPITAL <u>St. George General</u>	
PAGE 4		FOG <u>Normal Delivery</u>		DATE <u>18 October 1977</u>	

H. RETROSPECTIVE REVIEW BACK-UP DATA						
DATA FROM	TOTAL PATIENTS COVERED	ADMISSION JUSTIFICATION	VARIATIONS		DEFICIENCIES	
			DIAGNOSIS VALIDATION	SURGERY	INDICATIONS	
MINI-AUDIT OF LATEST QUARTER (CRITERIA ATTACHED)						
DATES <u>7/77 - 9/77</u>	<u>47</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>
OTHER MCE STUDY DATA (IF AVAILABLE)						
TOPIC <u>Normal Spontaneous Vaginal Delivery</u>	<u>37</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>
TIME PERIOD COVERED <u>April - June 1977</u>			DATED <u>23 July 77</u>			
REVIEWED/APPROVED BY PSRO?		☒ YES ☐ NO		DATE <u>9 Aug. 77</u>		
PROBLEMS FOUND ACTION TAKEN FOLLOW-UP EVIDENCE OF CORRECTION						
<u>No problems were found. This was a re-study of an MCE done in 1975 - at that time there were several LQ deficiencies but they have not recurred.</u>						

I. ADDITIONAL SUPPORTING INFORMATION

Several additional indicators may be valuable in evaluating this group for focusing out. The number of patients admitted on Friday may indicate an inappropriate admission pattern (unless, for example, the hospital performs elective surgery on Saturday). Re-admissions within 15 days may indicate inappropriate early discharge of patients (to improve the LOS statistics) or a failure to recognize or treat complications on the original admission. Other indicators may also be specified to assist in the evaluation of particular groups such as multiple re-admissions for diabetic keto-acidosis, i.e., failure of control on an outpatient basis leading to necessity for admission.

- Step 37. Enter data required by checked items plus additional supporting information such as an explanation of differences in criteria used in the mini-audit from those in the MCE study.

37

I. ADDITIONAL SUPPORTING INFORMATION

☐ = OF PATIENTS ADMITTED ON FRIDAY _____

☒ = OF PATIENTS READMITTED WITHIN 15 DAYS 0

☐ _____

☐ _____

☐ _____

J. FOLLOW-UP PLAN

When a group is to be focused out, a follow-up plan must be implemented to insure that admission and stay practices remain at the appropriate and approved levels. This can be accomplished by a periodic review (retrospectively) of a few key measures. Usually these measures will include the justification for admission or indication for surgery or other procedure and the LOS pattern (percentile spread).

The intensity of the review will be dependent on the size of the focused out group. Where only a few patients are discharged in a quarter, data should be gathered on all of them. Where the group is large, a sample may be drawn. It is suggested that the sample include at least 20-30 patients to insure statistical validity. Sampling is most easily accomplished and controlled by taking either a series of consecutive cases or all the cases for a sample time period. For example, collecting data on all patients discharged during a specific week each month gives an approximate 23% sample, one month each quarter yields an approximate 33% sample.

The frequency of the review, while also somewhat dependent on the anticipated number of patients in the group, may also be influenced by possible seasonal variations in incidence. Follow-up review should be done often enough so that the "cop on the beat" phenomenon is still operative, but not so often as to use up all of the resources freed up by focusing out this group.

Procedures must be established to retrospectively identify these admissions in the FOG, to collect the data needed for follow-up and to complete the PHDDS.

Step 38. Specify the measures to be reviewed.

Step 39. Indicate whether all patients will be reviewed or, if only a sample, describe how the sample will be chosen.

Step 40. Check the frequency of review.

FOF		PSRO <u>Area MCM LXXVII</u>	HOSPITAL <u>Strong General</u>
PAGE 5		FOG <u>Normal Delivery</u>	DATE <u>10 October 1977</u>
J. FOLLOW-UP PLAN			
(38) →	MEASURES TO BE REVIEWED <u>1. Validation of diagnosis</u> <u>2. LOS pattern</u>		
(39) →	INTENSITY OF REVIEW ☐ ALL PATIENTS ☒ SAMPLE—SPECIFY <u>One calendar month of</u> <u>each quarter—specific</u> <u>months to be designated</u>	FREQUENCY OF REVIEW ☐ MONTHLY ☒ QUARTERLY ☐ OTHER—SPECIFY	(40) ←

K. RESOURCE IMPACT

The PSRO should keep track of the overall impact on resources of its focusing out plan.

Step 41. Enter the estimated personnel resources saved in man-hours.

Step 42. Estimate the budget impact of focusing out this FOG.

K. RESOURCE IMPACT	
ESTIMATED PERSONNEL IMPACT	ESTIMATED BUDGET IMPACT
Approximately 10 man-hours/ quarter	Approximately \$600.00/quarter

Diagram illustrating the Resource Impact form. The form is divided into two columns: ESTIMATED PERSONNEL IMPACT and ESTIMATED BUDGET IMPACT. Handwritten entries are present in both columns. Arrows indicate the flow of data from Step 41 to the Personnel Impact column and from Step 42 to the Budget Impact column.

L. ACTION

Conceivably, focusing out can be directed at either the admissions or continued stay component of the concurrent review process. From the standpoint of practicality, however, it is cumbersome to focus out review of admissions for a FOG while proceeding with continued stay review for those same patients. The patients "escape" from the review stream and are not readily recaptured. Where historical data demonstrates that there is not potential for further improvement, the likelihood is that both admission certification and continued stay review can simultaneously be "focused out" with confidence.

If the hospital's administrative system can track admitted patients, then it may be possible to focus out only on admission review (AR).

If stay patterns seem appropriate and data on admissions practice is unavailable or indicative of problems, then the decision may be made to focus out only the continued stay review (CSR) which, being the more costly of the two, will still result in some conservation of resources.

Once focusing out of a group has been authorized, follow-up must be carried out as specified in Steps 38-40. An examination of the measures will reveal whether the admission and stay practices have remained at the desired level, improved, or possibly slipped back to undesirable levels. Maintenance or improvement calls for continuation of focusing out for a further period of time. Slippage demands withdrawal of the focusing out authorization, i.e., reinstitution of concurrent utilization review.

If partial slippage is attributable to certain areas or providers, focusing out may continue under the conditions that these areas or providers are not included in the focused out group. The reasons for withdrawal or the conditions for continuation should be documented.

- Step 43. Check which type of review is affected by this authorization.
- Step 44. Check whether focusing out is newly authorized, continued or withdrawn and indicate the effective calendar dates.
- Step 45. Enter any conditions under which focusing out is authorized or continued or state the reasons for withdrawal of focusing out.
- Step 46. Enter the date when the next follow-up report is due and any specifications needed.
- Step 47. The FOF is completed by the signature and title of the person authorized to take action on focusing out.

The FOF and the supporting documentation should be copied for the files of the PSRO and the hospital.

L. ACTION	
43 →	FOCUSING OUT OF ☒ AR - CSR ☐ AR ONLY ☐ CSR ONLY
44 →	IS HEREBY ☒ AUTHORIZED ☐ CONTINUED ☐ WITHDRAWN
45 →	FOR TIME PERIOD <u>Nov 77 - June 78</u>
46 →	CONDITIONS/REASONS FOR WITHDRAWAL
46 →	NEXT FOLLOW-UP REPORT DUE <u>FEBRUARY 1978 on patients discharge during Jan 78.</u>
	ACTION TAKEN BY <u>J. M. Price, M.D.</u> ← 47 TITLE <u>Chairman, BSO U.P. Committee</u>

ADDENDUM

CALCULATING PERCENTILES FOR FOCUSING OUT

If this data is already calculated by a computerized data system, include a copy of your printout as supporting documentation to your FOF. If you are not in a computerized system, you may use the method described below for calculating percentiles on your own data. The accompanying worksheet is designed to assist in this task.

The steps in completing the worksheet and the purpose for each are described below:

<u>NO.</u>	<u>STEPS</u>	<u>PURPOSE/EXAMPLES</u>
1.	In the column headed "Tally Space", place a tick mark for each patient discharged during the period opposite the LOS corresponding to the patients' hospital stay.	To tally the LOS for each patient in the focus out group discharged during the time period being reported.
2.	Total the tick marks for each LOS and enter this sum in the "Total per day" column. (For the shortest LOS, also enter this sum in the "cumulative" column.)	To obtain the total number of patients at each LOS.
3.	Add the total for each day to the total for the preceding day and enter the sum in the "cumulative" column.	To obtain a cumulative total of all patients discharged at each LOS.
4.	Check to be sure that the last figure in the cumulative column is the same as the total number of patients in the focus out group for the period covered. The total number of patients is also entered at the bottom of the LOS Tally, opposite "total patients."	To record the summary.

NO.STEPSPURPOSE/EXAMPLES

5. To determine the 10th percentile LOS:

First, divide the total number of patients by 10.

Second, round to the nearest whole number.

(This gives the patient number whose LOS is the 10th percentile.)

Third, find the number in the cumulative column into which this cumulative patient number falls.

(This gives the LOS percentile for this patient cumulative number.)

10th Percentile

Total patients = 47
Divided by 10 = 4.7

Rounded = 5.0

The 5th cumulative patient fits into the "40 patient" cumulative total with an LOS of 3 days. Therefore, the 10th percentile LOS for this group is 3 days.

6. To determine the 25th percentile LOS:

First, divide the total number of patients by 4.

Second, round the resulting figure to the nearest whole number.

Third, complete as for third step in 10th percentile calculation.

25th Percentile

Total patients = 47
Divided by 4 = 11.75

Rounded = 12

The 12th cumulative patient fits into the 40 patient cumulative total with an LOS of 3 days. Therefore, the 25th percentile LOS for this group is 3 days.

7. To determine the 75th percentile LOS:

First, multiply total patients by 3.

Second, divide the result by 4.

Third, round to nearest whole number.

Fourth, complete as for 10th percentile.

75th Percentile

47 total patients $\times$ 3 = 131

131 divided by 4 = 35.25

Rounded = 35

The 35th cumulative patient fits into the 40th cumulative column. Therefore, the 75th percentile for this group is 3 days.

NO.STEPSPURPOSE/EXAMPLES

8. To determine the 90th percentile LOS:

First, multiply total patients by 9.

Second, divide the result by 10.

Third, round to nearest whole number.

Fourth, complete as for 10th percentile.

90th Percentile

$$47 \text{ total patients} \times 9 = 423$$

$$423 \text{ divided by } 10 = 42.3$$

$$\text{Rounded} = 42$$

The 42nd cumulative patient fits into the 46th cumulative column. Therefore, the 90th percentile for this group is 4 days.

LOS PERCENTILE CALCULATION WORKSHEET

PATIENTS AT EACH LOS			
LOS (DAYS)	TALLY SPACE	TOTAL PER DAY	CUMULATIVE
<1			
1			
2	"	2	2
3	THE TIME TWO THREE FOUR FIVE SIX SEVEN EIGHT NINE TEN ELEVEN TWELVE THIRTEEN FOURTEEN FIFTEEN SIXTEEN SEVENTEEN EIGHTEEN NINETEEN TWENTY TWENTY ONE TWENTY TWO TWENTY THREE TWENTY FOUR TWENTY FIVE TWENTY SIX TWENTY SEVEN TWENTY EIGHT TWENTY NINE THIRTY THIRTY ONE THIRTY TWO THIRTY THREE THIRTY FOUR THIRTY FIVE THIRTY SIX THIRTY SEVEN THIRTY EIGHT THIRTY NINE FORTY FORTY ONE FORTY TWO FORTY THREE FORTY FOUR FORTY FIVE FORTY SIX FORTY SEVEN FORTY EIGHT FORTY NINE FIFTY FIFTY ONE FIFTY TWO FIFTY THREE FIFTY FOUR FIFTY FIVE FIFTY SIX FIFTY SEVEN FIFTY EIGHT FIFTY NINE SIXTY SIXTY ONE SIXTY TWO SIXTY THREE SIXTY FOUR SIXTY FIVE SIXTY SIX SIXTY SEVEN SIXTY EIGHT SIXTY NINE SEVENTY SEVENTY ONE SEVENTY TWO SEVENTY THREE SEVENTY FOUR SEVENTY FIVE SEVENTY SIX SEVENTY SEVEN SEVENTY EIGHT SEVENTY NINE EIGHTY EIGHTY ONE EIGHTY TWO EIGHTY THREE EIGHTY FOUR EIGHTY FIVE EIGHTY SIX EIGHTY SEVEN EIGHTY EIGHT EIGHTY NINE NINETY NINETY ONE NINETY TWO NINETY THREE NINETY FOUR NINETY FIVE NINETY SIX NINETY SEVEN NINETY EIGHT NINETY NINE ONE HUNDRED ONE HUNDRED ONE HUNDRED TWO ONE HUNDRED THREE ONE HUNDRED FOUR ONE HUNDRED FIVE ONE HUNDRED SIX ONE HUNDRED SEVEN ONE HUNDRED EIGHT ONE HUNDRED NINE TWO HUNDRED TWO HUNDRED ONE TWO HUNDRED TWO TWO HUNDRED THREE TWO HUNDRED FOUR TWO HUNDRED FIVE TWO HUNDRED SIX TWO HUNDRED SEVEN TWO HUNDRED EIGHT TWO HUNDRED NINE THREE HUNDRED THREE HUNDRED ONE THREE HUNDRED TWO THREE HUNDRED THREE THREE HUNDRED FOUR THREE HUNDRED FIVE THREE HUNDRED SIX THREE HUNDRED SEVEN THREE HUNDRED EIGHT THREE HUNDRED NINE FOUR HUNDRED FOUR HUNDRED ONE FOUR HUNDRED TWO FOUR HUNDRED THREE FOUR HUNDRED FOUR FOUR HUNDRED FIVE FOUR HUNDRED SIX FOUR HUNDRED SEVEN FOUR HUNDRED EIGHT FOUR HUNDRED NINE FIVE HUNDRED FIVE HUNDRED ONE FIVE HUNDRED TWO FIVE HUNDRED THREE FIVE HUNDRED FOUR FIVE HUNDRED FIVE FIVE HUNDRED SIX FIVE HUNDRED SEVEN FIVE HUNDRED EIGHT FIVE HUNDRED NINE SIX HUNDRED SIX HUNDRED ONE SIX HUNDRED TWO SIX HUNDRED THREE SIX HUNDRED FOUR SIX HUNDRED FIVE SIX HUNDRED SIX SIX HUNDRED SEVEN SIX HUNDRED EIGHT SIX HUNDRED NINE SEVEN HUNDRED SEVEN HUNDRED ONE SEVEN HUNDRED TWO SEVEN HUNDRED THREE SEVEN HUNDRED FOUR SEVEN HUNDRED FIVE SEVEN HUNDRED SIX SEVEN HUNDRED SEVEN SEVEN HUNDRED EIGHT SEVEN HUNDRED NINE EIGHT HUNDRED EIGHT HUNDRED ONE EIGHT HUNDRED TWO EIGHT HUNDRED THREE EIGHT HUNDRED FOUR EIGHT HUNDRED FIVE EIGHT HUNDRED SIX EIGHT HUNDRED SEVEN EIGHT HUNDRED EIGHT EIGHT HUNDRED NINE NINE HUNDRED NINE HUNDRED ONE NINE HUNDRED TWO NINE HUNDRED THREE NINE HUNDRED FOUR NINE HUNDRED FIVE NINE HUNDRED SIX NINE HUNDRED SEVEN NINE HUNDRED EIGHT NINE HUNDRED NINE ONE THOUSAND ONE THOUSAND ONE THOUSAND TWO ONE THOUSAND THREE ONE THOUSAND FOUR ONE THOUSAND FIVE ONE THOUSAND SIX ONE THOUSAND SEVEN ONE THOUSAND EIGHT ONE THOUSAND NINE TWO THOUSAND TWO THOUSAND ONE TWO THOUSAND TWO TWO THOUSAND THREE TWO THOUSAND FOUR TWO THOUSAND FIVE TWO THOUSAND SIX TWO THOUSAND SEVEN TWO THOUSAND EIGHT TWO THOUSAND NINE THREE THOUSAND THREE THOUSAND ONE THREE THOUSAND TWO THREE THOUSAND THREE THREE THOUSAND FOUR THREE THOUSAND FIVE THREE THOUSAND SIX THREE THOUSAND SEVEN THREE THOUSAND EIGHT THREE THOUSAND NINE FOUR THOUSAND FOUR THOUSAND ONE FOUR THOUSAND TWO FOUR THOUSAND THREE FOUR THOUSAND FOUR FOUR THOUSAND FIVE FOUR THOUSAND SIX FOUR THOUSAND SEVEN FOUR THOUSAND EIGHT FOUR THOUSAND NINE FIVE THOUSAND FIVE THOUSAND ONE FIVE THOUSAND TWO FIVE THOUSAND THREE FIVE THOUSAND FOUR FIVE THOUSAND FIVE FIVE THOUSAND SIX FIVE THOUSAND SEVEN FIVE THOUSAND EIGHT FIVE THOUSAND NINE SIX THOUSAND SIX THOUSAND ONE SIX THOUSAND TWO SIX THOUSAND THREE SIX THOUSAND FOUR SIX THOUSAND FIVE SIX THOUSAND SIX SIX THOUSAND SEVEN SIX THOUSAND EIGHT SIX THOUSAND NINE SEVEN THOUSAND SEVEN THOUSAND ONE SEVEN THOUSAND TWO SEVEN THOUSAND THREE SEVEN THOUSAND FOUR SEVEN THOUSAND FIVE SEVEN THOUSAND SIX SEVEN THOUSAND SEVEN SEVEN THOUSAND EIGHT SEVEN THOUSAND NINE EIGHT THOUSAND EIGHT THOUSAND ONE EIGHT THOUSAND TWO EIGHT THOUSAND THREE EIGHT THOUSAND FOUR EIGHT THOUSAND FIVE EIGHT THOUSAND SIX EIGHT THOUSAND SEVEN EIGHT THOUSAND EIGHT EIGHT THOUSAND NINE NINE THOUSAND NINE THOUSAND ONE NINE THOUSAND TWO NINE THOUSAND THREE NINE THOUSAND FOUR NINE THOUSAND FIVE NINE THOUSAND SIX NINE THOUSAND SEVEN NINE THOUSAND EIGHT NINE THOUSAND NINE ONE HUNDRED AND ONE HUNDRED ONE HUNDRED TWO ONE HUNDRED THREE ONE HUNDRED FOUR ONE HUNDRED FIVE ONE HUNDRED SIX ONE HUNDRED SEVEN ONE HUNDRED EIGHT ONE HUNDRED NINE TWO HUNDRED TWO HUNDRED ONE TWO HUNDRED TWO TWO HUNDRED THREE TWO HUNDRED FOUR TWO HUNDRED FIVE TWO HUNDRED SIX TWO HUNDRED SEVEN TWO HUNDRED EIGHT TWO HUNDRED NINE THREE HUNDRED THREE HUNDRED ONE THREE HUNDRED TWO THREE HUNDRED THREE THREE HUNDRED FOUR THREE HUNDRED FIVE THREE HUNDRED SIX THREE HUNDRED SEVEN THREE HUNDRED EIGHT THREE HUNDRED NINE FOUR HUNDRED FOUR HUNDRED ONE FOUR HUNDRED TWO FOUR HUNDRED THREE FOUR HUNDRED FOUR FOUR HUNDRED FIVE FOUR HUNDRED SIX FOUR HUNDRED SEVEN FOUR HUNDRED EIGHT FOUR HUNDRED NINE FIVE HUNDRED FIVE HUNDRED ONE FIVE HUNDRED TWO FIVE HUNDRED THREE FIVE HUNDRED FOUR FIVE HUNDRED FIVE FIVE HUNDRED SIX FIVE HUNDRED SEVEN FIVE HUNDRED EIGHT FIVE HUNDRED NINE SIX HUNDRED SIX HUNDRED ONE SIX HUNDRED TWO SIX HUNDRED THREE SIX HUNDRED FOUR SIX HUNDRED FIVE SIX HUNDRED SIX SIX HUNDRED SEVEN SIX HUNDRED EIGHT SIX HUNDRED NINE SEVEN HUNDRED SEVEN HUNDRED ONE SEVEN HUNDRED TWO SEVEN HUNDRED THREE SEVEN HUNDRED FOUR SEVEN HUNDRED FIVE SEVEN HUNDRED SIX SEVEN HUNDRED SEVEN SEVEN HUNDRED EIGHT SEVEN HUNDRED NINE EIGHT HUNDRED EIGHT HUNDRED ONE EIGHT HUNDRED TWO EIGHT HUNDRED THREE EIGHT HUNDRED FOUR EIGHT HUNDRED FIVE EIGHT HUNDRED SIX EIGHT HUNDRED SEVEN EIGHT HUNDRED EIGHT EIGHT HUNDRED NINE NINE HUNDRED NINE HUNDRED ONE NINE HUNDRED TWO NINE HUNDRED THREE NINE HUNDRED FOUR NINE HUNDRED FIVE NINE HUNDRED SIX NINE HUNDRED SEVEN NINE HUNDRED EIGHT NINE HUNDRED NINE ONE THOUSAND ONE THOUSAND ONE THOUSAND TWO ONE THOUSAND THREE ONE THOUSAND FOUR ONE THOUSAND FIVE ONE THOUSAND SIX ONE THOUSAND SEVEN ONE THOUSAND EIGHT ONE THOUSAND NINE TWO THOUSAND TWO THOUSAND ONE TWO THOUSAND TWO TWO THOUSAND THREE TWO THOUSAND FOUR TWO THOUSAND FIVE TWO THOUSAND SIX TWO THOUSAND SEVEN TWO THOUSAND EIGHT TWO THOUSAND NINE THREE THOUSAND THREE THOUSAND ONE THREE THOUSAND TWO THREE THOUSAND THREE THREE THOUSAND FOUR THREE THOUSAND FIVE THREE THOUSAND SIX THREE THOUSAND SEVEN THREE THOUSAND EIGHT THREE THOUSAND NINE FOUR THOUSAND FOUR THOUSAND ONE FOUR THOUSAND TWO FOUR THOUSAND THREE FOUR THOUSAND FOUR FOUR THOUSAND FIVE FOUR THOUSAND SIX FOUR THOUSAND SEVEN FOUR THOUSAND EIGHT FOUR THOUSAND NINE FIVE THOUSAND FIVE THOUSAND ONE FIVE THOUSAND TWO FIVE THOUSAND THREE FIVE THOUSAND FOUR FIVE THOUSAND FIVE FIVE THOUSAND SIX FIVE THOUSAND SEVEN FIVE THOUSAND EIGHT FIVE THOUSAND NINE SIX THOUSAND SIX THOUSAND ONE SIX THOUSAND TWO SIX THOUSAND THREE SIX THOUSAND FOUR SIX THOUSAND FIVE SIX THOUSAND SIX SIX THOUSAND SEVEN SIX THOUSAND EIGHT SIX THOUSAND NINE SEVEN THOUSAND SEVEN THOUSAND ONE SEVEN THOUSAND TWO SEVEN THOUSAND THREE SEVEN THOUSAND FOUR SEVEN THOUSAND FIVE SEVEN THOUSAND SIX SEVEN THOUSAND SEVEN SEVEN THOUSAND EIGHT SEVEN THOUSAND NINE EIGHT THOUSAND EIGHT THOUSAND ONE EIGHT THOUSAND TWO EIGHT THOUSAND THREE EIGHT THOUSAND FOUR EIGHT THOUSAND FIVE EIGHT THOUSAND SIX EIGHT THOUSAND SEVEN EIGHT THOUSAND EIGHT EIGHT THOUSAND NINE NINE THOUSAND NINE THOUSAND ONE NINE THOUSAND TWO NINE THOUSAND THREE NINE THOUSAND FOUR NINE THOUSAND FIVE NINE THOUSAND SIX NINE THOUSAND SEVEN NINE THOUSAND EIGHT NINE THOUSAND NINE ONE HUNDRED		
30			
TOTAL PATIENTS		47	

10TH PERCENTILE

$$\frac{47}{(TOTAL PATIENTS)} + 10 = \frac{5}{(PATIENT NUMBER)}$$

LOS FOR THIS PATIENT = 3

25TH PERCENTILE

$$\frac{47}{(TOTAL PATIENTS)} + 4 = \frac{12}{(PATIENT NUMBER)}$$

LOS FOR THIS PATIENT = 3

50TH PERCENTILE

$$\frac{47}{(TOTAL PATIENTS)} + 2 = \frac{24}{(PATIENT NUMBER)}$$

LOS FOR THIS PATIENT = 3

75TH PERCENTILE

$$\frac{47}{(TOTAL PATIENTS)} \times 3 = \frac{131}{(PRODUCT)} + 4 = \frac{35}{(PATIENT NUMBER)}$$

LOS FOR THIS PATIENT = 3

90TH PERCENTILE

$$\frac{47}{(TOTAL PATIENTS)} \times 9 = \frac{423}{(PRODUCT)} + 10 = \frac{42}{(PATIENT NUMBER)}$$

LOS FOR THIS PATIENT = 4

PREPARED BY: _____

DATE: _____

PHONE: _____

PART III. A COMPLETED SAMPLE FOF

PSRO FOCUS OUT FORM
for EXEMPTIONS FROM CONCURRENT REVIEW

A. BASIC INFORMATION

PSRO AREA MCLXXVII

HOSPITAL Strong General Hospital

PREPARED BY S.A. Stark, M.D. DATE 18 Oct 77 PHONE 555-1212

FOCUS OUT GROUP Normal Delivery

☒ NEW AUTHORIZATION ☐ CONTINUATION PERIOD Nov 77 - Jun 78

B. SPECIFICATIONS OF FOCUS OUT GROUP (FOG)

☒ DIAGNOSIS ☐ PROBLEM/CONDITION ☐ SURGICAL PROCEDURE
☐ SPECIAL PROCEDURES ☐ CLINICAL AREA (SPECIAL UNIT PROGRAM) ☐ WHOLE HOSPITAL
☐ OTHER _____

DESCRIBE Patient having normal vaginal delivery

SPECIAL CHARACTERISTICS
(AGE, SEX, PAY SOURCE, ETC.)

INDEX CODE(S)

☐ ICDA-8 ☒ H-ICDA

INCLUDE 650

EXCLUDE 631.0-646.9
and
651.0-678-9

SOURCE AND DETAILS FOR LENGTH OF STAY NORMS FOR FOCUS OUT GROUP

TITLE OF COMPILATION LOS in PAS hospitals, by diagnosis, North Central Region

YEAR 1975 GROUP # OR PAGE 232 AGE GROUP All

☒ SINGLE DX ☐ MULT DX ☐ OPERATED ☒ NOT OPERATED # PATIENTS 225,084

EXCLUDES ☒ DEATHS ☒ TRANSFERS ☒ AMA ☐ LOS OVER _____ DAYS ☐ OTHER—SEE E

C. COMPARATIVE AVERAGE LOS DATA

LOCAL DATA	TIME PERIOD	OTHER REGIONS	North Central	North East	South	West
THIS PSRO AREA		SOURCE	PAS	PAS	PAS	PAS
<u>3.2</u> DAYS	<u>7/77-9/77</u>	TIME PERIOD	<u>1975</u>	<u>1975</u>	<u>1975</u>	<u>1975</u>
THIS HOSPITAL		DAYS	<u>3.3</u>	<u>3.7</u>	<u>3.2</u>	<u>2.6</u>
<u>3.1</u> DAYS	<u>7/77-9/77</u>					

FOF
PAGE 2

PSRO Area MCMLXXVII

HOSPITAL Strong General

FOG Normal Delivery

DATE 18 October 1977

D. COMPARATIVE LOS PERCENTILE DATA

	TIME PERIOD	# OF PATIENTS	% OF TOTAL DISCH.	LOS PATTERN—PERCENTILES				
				10th	25th	50th	75th	90th
APPROVED REGIONAL NORM	1775	255,084	4.1	3		4	4	5
FEDERAL PATIENTS LATEST QUARTER	7/77-9/77	47	4.7	3	3	3	3	4
1st PRIOR QUARTER	4/77-6/77	37	3.7	3	3	3	3	4
2nd PRIOR QUARTER	1/77-3/77	38	3.8	3	3	4	4	5
3rd PRIOR QUARTER	10/76-12/76	40	4.0	4	4	4	5	6
4th PRIOR QUARTER	7/76-9/76	46	4.6	4	4	4	5	6
5th PRIOR QUARTER								
6th PRIOR QUARTER								
7th PRIOR QUARTER								
NON-FEDERAL PATIENTS LATEST QUARTER	7/77-9/77	56	5.6	3	3	3	3	4

E. SUPPORTING/EXPLANATORY LOS INFORMATION

LATEST QUARTER EXCLUSIONS FROM LOS	OTHER
TYPE OF PATIENT #	
DEATHS 0	
TRANSFERS 0	
LEFT AMA 0	
LOS OVER ____ DAYS	

FOF

 PSRO AREA MCMLXXVII HOSPITAL STRONG General
 FOG Normal Delivery DATE 7/77-9/77

LOS PERCENTILE CALCULATION WORKSHEET

LOS (DAYS)	PATIENTS AT EACH LOS			10TH PERCENTILE	
	TALLY SPACE	TOTAL PER DAY	CUMU- LATIVE	$\frac{47}{47} \div 10 = \frac{5}{5}$ (TOTAL PATIENTS) (PATIENT NUMBER)	
<1					
1					
2	"	2	2		LOS FOR THIS PATIENT = 3
3		38	40		
4		6	46		
5		1	47		
6					
7					
8					LOS FOR THIS PATIENT = 3
9					
10					
11					
12					
13					
14					LOS FOR THIS PATIENT = 3
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
TOTAL PATIENTS			47		

25TH PERCENTILE		
$\frac{47}{47} - 4 = \frac{12}{12}$ (TOTAL PATIENTS) (PATIENT NUMBER)	LOS FOR THIS PATIENT = 3	
50TH PERCENTILE		
$\frac{47}{47} \div 2 = \frac{24}{24}$ (TOTAL PATIENTS) (PATIENT NUMBER)	LOS FOR THIS PATIENT = 3	
75TH PERCENTILE		
$\frac{47}{47} \times 3 = \frac{141}{141} - 4 = \frac{35}{35}$ (TOTAL PATIENTS) (PRODUCT) (PATIENT NUMBER)	LOS FOR THIS PATIENT = 3	
90TH PERCENTILE		
$\frac{47}{47} \times 9 = \frac{423}{423} - 10 = \frac{42}{42}$ (TOTAL PATIENTS) (PRODUCT) (PATIENT NUMBER)	LOS FOR THIS PATIENT = 4	
PREPARED BY: <u>J.A. Stark, A.R.T.</u>		
DATE <u>18 October 1977</u>		
PHONE <u>555-1212</u>		

FOF

PSRO AREA MCMLXXVII

HOSPITAL

Strong GeneralFOG Normal DeliveryDATE 4/77 - 6/77

LOS PERCENTILE CALCULATION WORKSHEET

LOS (DAYS)	PATIENTS AT EACH LOS			10TH PERCENTILE	
	TALLY SPACE	TOTAL PER DAY	CUMU- LATIVE	<u>37</u> + 10 = <u>4</u> (TOTAL PATIENTS) (PATIENT NUMBER)	
<1					
1					
2	"	2	2	LOS FOR THIS PATIENT = <u>3</u>	
3		29	31	25TH PERCENTILE	
4		5	36	<u>37</u> + 4 = <u>9</u> (TOTAL PATIENTS) (PATIENT NUMBER)	
5		1	37	LOS FOR THIS PATIENT = <u>3</u>	
6					
7					
8					
9					
10				50TH PERCENTILE	
11				<u>37</u> + 2 = <u>19</u> (TOTAL PATIENTS) (PATIENT NUMBER)	
12				LOS FOR THIS PATIENT = <u>3</u>	
13					
14					
15					
16				75TH PERCENTILE	
17				<u>37</u> × 3 = <u>111</u> - 4 = <u>28</u> (TOTAL (PRODUCT) (PATIENT PATIENTS) NUMBER)	
18				LOS FOR THIS PATIENT = <u>3</u>	
19					
20					
21					
22				90TH PERCENTILE	
23				<u>37</u> × 9 = <u>333</u> - 10 = <u>33</u> (TOTAL (PRODUCT) (PATIENT PATIENTS) NUMBER)	
24				LOS FOR THIS PATIENT = <u>4</u>	
25					
26					
27					
28				PREPARED BY:	
29				<u>J.A. Stark A.R.T.</u>	
30				DATE <u>18 October 1977</u>	
TOTAL PATIENTS			<u>37</u>	PHONE <u>555-1212</u>	

FOF

 PSRO Area MCMLXXVII HOSPITAL Strong General
 FOG Normal Delivery DATE 4/77 - 3/77

LOS PERCENTILE CALCULATION WORKSHEET

LOS (DAYS)	PATIENTS AT EACH LOS			10TH PERCENTILE	
	TALLY SPACE	TOTAL PER DAY	CUMU- LATIVE	(TOTAL PATIENTS)	(PATIENT NUMBER)
<1				<u>38</u> + 10 = <u>4</u>	
1					
2	<u>1</u>	<u>1</u>	<u>1</u>		LOS FOR THIS PATIENT = <u>3</u>
3	<u>THI THL 1</u>	<u>11</u>	<u>12</u>		
4	<u>THI THL THL THL</u>	<u>20</u>	<u>32</u>	<u>38</u> + 4 = <u>10</u>	
5	<u>THL</u>	<u>5</u>	<u>37</u>	(TOTAL PATIENTS)	(PATIENT NUMBER)
6	<u>1</u>	<u>1</u>	<u>38</u>		LOS FOR THIS PATIENT = <u>3</u>
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
TOTAL PATIENTS			<u>38</u>	10TH PERCENTILE <u>38</u> + 10 = <u>4</u> (TOTAL PATIENTS) (PATIENT NUMBER) LOS FOR THIS PATIENT = <u>3</u>	
				25TH PERCENTILE <u>38</u> + 4 = <u>10</u> (TOTAL PATIENTS) (PATIENT NUMBER) LOS FOR THIS PATIENT = <u>3</u>	
				50TH PERCENTILE <u>38</u> + 2 = <u>19</u> (TOTAL PATIENTS) (PATIENT NUMBER) LOS FOR THIS PATIENT = <u>4</u>	
				75TH PERCENTILE <u>38</u> x 3 = <u>114</u> + 4 = <u>29</u> (TOTAL PATIENTS) (PRODUCT) (PATIENT NUMBER) LOS FOR THIS PATIENT = <u>4</u>	
				90TH PERCENTILE <u>38</u> x 9 = <u>342</u> + 10 = <u>34</u> (TOTAL PATIENTS) (PRODUCT) (PATIENT NUMBER) LOS FOR THIS PATIENT = <u>5</u>	
				PREPARED BY <u>J.A. Stark, A.R.T.</u> DATE <u>18 October 1977</u> PHONE <u>555-1212</u>	

FOF

PSRO

AREA MCMLXXVII

HOSPITAL

Spring General

FOG

Normal Delivery

DATE 10/76 - 12/76

LOS PERCENTILE CALCULATION WORKSHEET

LOS (DAYS)	PATIENTS AT EACH LOS			10TH PERCENTILE	
	TALLY SPACE	TOTAL PER DAY	CUMU- LATIVE	$\frac{40}{\text{(TOTAL PATIENTS)}} - 10 = \frac{4}{\text{(PATIENT NUMBER)}}$	
<1					
1					
2					LOS FOR THIS PATIENT = 4
3	///	3	3		
4	/// /// /// ///	19	22	$\frac{40}{\text{(TOTAL PATIENTS)}} - 4 = \frac{10}{\text{(PATIENT NUMBER)}}$	
5	/// ///	10	32		
6	///	6	38		LOS FOR THIS PATIENT = 4
7	"	2	40		
8					
9					
10				$\frac{40}{\text{(TOTAL PATIENTS)}} - 2 = \frac{20}{\text{(PATIENT NUMBER)}}$	
11					
12					
13					LOS FOR THIS PATIENT = 4
14					
15					
16				$\frac{40}{\text{(TOTAL PATIENTS)}} \times 3 = \frac{120}{\text{(PRODUCT)}} - 4 = \frac{30}{\text{(PATIENT NUMBER)}}$	
17					
18					
19					LOS FOR THIS PATIENT = 5
20					
21					
22				$\frac{40}{\text{(TOTAL PATIENTS)}} \times 9 = \frac{360}{\text{(PRODUCT)}} - 10 = \frac{36}{\text{(PATIENT NUMBER)}}$	
23					
24					
25					LOS FOR THIS PATIENT = 6
26					
27					
28					PREPARED BY: J.A. Stark, A.R.T.
29					DATE 18 October 1977
30					PHONE 555-1212
TOTAL PATIENTS			40		

FOF

PSRO Area MCM LXXVII HOSPITAL Strong General
FOG Normal Delivery DATE 7/76 - 9/76

LOS PERCENTILE CALCULATION WORKSHEET

LOS (DAYS)	PATIENTS AT EACH LOS			10TH PERCENTILE $\frac{46}{(TOTAL\ PATIENTS)} + 10 = \frac{5}{(PATIENT\ NUMBER)}$
	TALLY SPACE	TOTAL PER DAY	CUMU- LATIVE	
<1				LOS FOR THIS PATIENT = <u>4</u>
1				
2				
3	"	2	2	25TH PERCENTILE $\frac{46}{(TOTAL\ PATIENTS)} + 4 = \frac{12}{(PATIENT\ NUMBER)}$
4		22	24	
5		13	37	
6		5	42	LOS FOR THIS PATIENT = <u>4</u>
7		4	46	
8				
9				50TH PERCENTILE $\frac{46}{(TOTAL\ PATIENTS)} + 2 = \frac{23}{(PATIENT\ NUMBER)}$
10				
11				
12				LOS FOR THIS PATIENT = <u>4</u>
13				
14				
15				75TH PERCENTILE $\frac{46}{(TOTAL\ PATIENTS)} \times 3 = \frac{138}{(PRODUCT)} + 4 = \frac{35}{(PATIENT\ NUMBER)}$
16				
17				
18				LOS FOR THIS PATIENT = <u>5</u>
19				
20				
21				90TH PERCENTILE $\frac{46}{(TOTAL\ PATIENTS)} \times 9 = \frac{414}{(PRODUCT)} + 10 = \frac{41}{(PATIENT\ NUMBER)}$
22				
23				
24				LOS FOR THIS PATIENT = <u>6</u>
25				
26				
27				PREPARED BY: <u>J.A. Stark, R.R.T.</u> DATE <u>18 October 1977</u> PHONE <u>555-1212</u>
28				
29				
30				
TOTAL PATIENTS			46	

FOF

PSRO Area MCMLXXVIIHOSPITAL Strong General

NON-FCO PTS

FOG Normal DeliveryDATE 1/77 - 9/77

LOS PERCENTILE CALCULATION WORKSHEET

LOS (DAYS)	PATIENTS AT EACH LOS			10TH PERCENTILE	
	TALLY SPACE	TOTAL PER DAY	CUMU- LATIVE	<u>56</u> (TOTAL PATIENTS)	$- 10 =$ <u>6</u> (PATIENT NUMBER)
<1					
1					
2		3	3		LOS FOR THIS PATIENT = <u>3</u>
3	<del> </del>	45	48		25TH PERCENTILE
4	<del> </del>	7	55	<u>56</u> (TOTAL PATIENTS)	$+ 4 =$ <u>14</u> (PATIENT NUMBER)
5		1	56		LOS FOR THIS PATIENT = <u>3</u>
6					
7					
8					
9					
10				<u>56</u> (TOTAL PATIENTS)	$+ 2 =$ <u>28</u> (PATIENT NUMBER)
11					LOS FOR THIS PATIENT = <u>3</u>
12					
13					
14					
15					
16				<u>56</u> (TOTAL PATIENTS)	$\times 3 =$ <u>168</u> (PRODUCT)
17					$- 4 =$ <u>42</u> (PATIENT NUMBER)
18					LOS FOR THIS PATIENT = <u>3</u>
19					
20					
21					
22				<u>56</u> (TOTAL PATIENTS)	$\times 9 =$ <u>504</u> (PRODUCT)
23					$- 10 =$ <u>50</u> (PATIENT NUMBER)
24					LOS FOR THIS PATIENT = <u>4</u>
25					
26					
27					
28					PREPARED BY: <u>J.A. Stark, A.R.T.</u>
29					DATE <u>18 October 1977</u>
30					PHONE <u>555-1212</u>
TOTAL PATIENTS			<u>56</u>		

FOF

PSRO

Area MEMLXXVII

HOSPITAL

Strong General

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FOG

Normal Delivery

DATE

18 October 1977

F. CONCURRENT REVIEW ACTIVITY REPORT (for new authorizations)

QUARTERS	% TO PA REVIEW		% DENIED		# OF TERMINA- TIONS SENT
	AR	CSR	AR	CSR	
LATEST	0	0	0	0	0
1st PRIOR	0	0	0	0	0
2nd PRIOR	0	0	0	0	0
3rd PRIOR	2.5	2.5	0	0	0
4th PRIOR	4.3	2.2	0	2.2	1
5th PRIOR					
6th PRIOR					
7th PRIOR					

G. SUPPORTING/EXPLANATORY REVIEW ACTIVITY INFORMATION

FOF

PSRO

Area MCMLXXVII

HOSPITAL

Strong General

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FOG

Normal Delivery

DATE

18 October 1977

H. RETROSPECTIVE REVIEW BACK-UP DATA

DATA FROM	TOTAL PATIENTS COVERED	# VARIATIONS		# DEFICIENCIES	
		ADMISSION JUSTIFICATION	DIAGNOSIS VALIDATION	INDICATIONS	
				SURGERY	SPECIAL PROCEDURES
MINI-AUDIT OF LATEST QUARTER (CRITERIA ATTACHED)		0	0	N	1
DATES 7/77 - 9/77	47	0	0	A	0
OTHER MCE STUDY DATA (IF AVAILABLE)		0	0	N	0
Normal Spontaneous Vaginal Delivery	37	0	0	A	0

DATED 23 July 77

TIME PERIOD COVERED April - June 1977

REVIEWED/APPROVED BY PSRO?

☒ YES☐ NO

DATE 9 Aug. 77

PROBLEMS FOUND, ACTION TAKEN FOLLOW-UP EVIDENCE OF CORRECTION.

No problems were found. This was a restudy of an MCE done in 1975 - at that time there were several LOS deficiencies but they have not recurred.

I. ADDITIONAL SUPPORTING INFORMATION

☐ # OF PATIENTS ADMITTED ON FRIDAY - _____☒ # OF PATIENTS READMITTED WITHIN 15 DAYS - 0☐ _____☐ _____☐ _____

TOPIC: NORMAL SPONTANEOUS VAGINAL DELIVERY DATE: 23 July 1977

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FOF

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PSRO

Area MCMLXXVII

HOSPITAL

Strong General

FOG

Normal Delivery

DATE

18 October 1977

J. FOLLOW-UP PLAN

MEASURES TO BE REVIEWED

1. Validation of diagnosis
2. LOS Pattern

INTENSITY OF REVIEW

☐ ALL PATIENTS☒ SAMPLE-SPECIFY

One calendar month of
each quarter - specific
months to be designed

FREQUENCY OF REVIEW

☐ MONTHLY☒ QUARTERLY☐ OTHER-SPECIFY

K. RESOURCE IMPACT

ESTIMATED PERSONNEL IMPACT

Approximately 10 man-hours/
quarter

ESTIMATED BUDGET IMPACT

Approximately \$600.00/quarter

L. ACTION

FOCUSING OUT OF

☒ AR - CSR☐ AR ONLY☐ CSR ONLY

IS HEREBY

☒ AUTHORIZED☐ CONTINUED☐ WITHDRAWN

FOR TIME PERIOD

Nov 77 - June 78

CONDITIONS/REASONS FOR WITHDRAWAL

NEXT FOLLOW-UP REPORT DUE

February 1978 on patients
discharge during Jan 78.

ACTION TAKEN BY

TITLE

J. M. Rice, M.D.
Chairman, PSRO U.R. Committee

FOF
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PSRO

Area MCMLXXVII

HOSPITAL

St. Louis General

FOG

Normal Delivery

DATE

18 October 77

CONTINUATION PAGE

ITEM

REMARKS

PSRO FOCUS OUT FORM
for EXEMPTIONS FROM CONCURRENT REVIEW
A. BASIC INFORMATION

PSRO _____

HOSPITAL _____

PREPARED BY: _____

DATE _____

PHONE _____

FOCUS OUT GROUP _____

☐ NEW AUTHORIZATION

☐ CONTINUATION

PERIOD _____

B. SPECIFICATIONS OF FOCUS OUT GROUP (FOG)
☐ DIAGNOSIS

☐ PROBLEM/CONDITION

☐ SURGICAL PROCEDURE

☐ SPECIAL PROCEDURES

☐ CLINICAL AREA (SPECIAL UNIT, PROGRAM)

☐ WHOLE HOSPITAL

☐ OTHER _____

DESCRIBE:

 SPECIAL CHARACTERISTICS:
 (AGE, SEX, PAY SOURCE, ETC.)

INDEX CODE(S)
☐ ICDA-8

☐ H-ICDA

INCLUDE:

EXCLUDE:

SOURCE AND DETAILS FOR LENGTH OF STAY NORMS FOR FOCUS OUT GROUP

TITLE OF COMPILATION _____

YEAR _____

GROUP # OR PAGE _____

AGE GROUP _____

☐ SINGLE DX

☐ MULT DX

☐ OPERATED

☐ NOT OPERATED

PATIENTS _____

EXCLUDES:

☐ DEATHS

☐ TRANSFERS

☐ AMA

☐ LOS OVER _____

DAYS

☐ OTHER—SEE E

C. COMPARATIVE AVERAGE LOS DATA

LOCAL DATA	TIME PERIOD	OTHER REGIONS				
THIS PSRO AREA _____ DAYS		SOURCE				
THIS HOSPITAL _____ DAYS		TIME PERIOD				
		DAYS				

D. COMPARATIVE LOS PERCENTILE DATA

	TIME PERIOD	# OF PATIENTS	% OF TOTAL DISCH.	LOS PATTERN - PERCENTILES				
				10th	25th	50th	75th	90th
APPROVED REGIONAL NORM								
FEDERAL PATIENTS LATEST QUARTER								
1st PRIOR QUARTER								
2nd PRIOR QUARTER								
3rd PRIOR QUARTER								
4th PRIOR QUARTER								
5th PRIOR QUARTER								
6th PRIOR QUARTER								
7th PRIOR QUARTER								
NON-FEDERAL PATIENTS LATEST QUARTER								

E. SUPPORTING/EXPLANATORY LOS INFORMATION

LATEST QUARTER EXCLUSIONS FROM LOS		OTHER
TYPE OF PATIENT	#	
DEATHS		
TRANSFERS		
LEFT AMA		
LOS OVER ____ DAYS		

FOF

PSRO _____

HOSPITAL _____

PAGE 3

FOG _____

DATE _____

F. CONCURRENT REVIEW ACTIVITY REPORT (for new authorizations)

QUARTERS	% TO PA REVIEW		% DENIED		# OF TERMINA- TIONS SENT
	AR	CSR	AR	CSR	
LATEST					
1st PRIOR					
2nd PRIOR					
3rd PRIOR					
4th PRIOR					
5th PRIOR					
6th PRIOR					
7th PRIOR					

G. SUPPORTING/EXPLANATORY REVIEW ACTIVITY INFORMATION

H. RETROSPECTIVE REVIEW BACK-UP DATA

DATA FROM	TOTAL PATIENTS COVERED	# VARIATIONS		# DEFICIENCIES	
		ADMISSION JUSTIFI- CATION	DIAGNOSIS VALIDATION	INDICATIONS	
				SURGERY	SPECIAL PROCEDURES
"MINI-AUDIT" OF LATEST QUARTER (CRITERIA ATTACHED)					
DATES _____					
OTHER MCE STUDY DATA (IF AVAILABLE)					
TOPIC _____					

_____ DATED _____

TIME PERIOD COVERED _____

REVIEWED/APPROVED BY PSRO? ☐ YES ☐ NO DATE _____

PROBLEMS FOUND, ACTION TAKEN, FOLLOW-UP EVIDENCE OF CORRECTION.

I. ADDITIONAL SUPPORTING INFORMATION

☐ # OF PATIENTS ADMITTED ON FRIDAY - _____☐ # OF PATIENTS READMITTED WITHIN 15 DAYS - _____☐ _____☐ _____☐ _____

J. FOLLOW-UP PLAN

MEASURES TO BE REVIEWED

INTENSITY OF REVIEW

☐ ALL PATIENTS☐ SAMPLE—SPECIFY

FREQUENCY OF REVIEW

☐ MONTHLY☐ QUARTERLY☐ OTHER—SPECIFY**K. RESOURCE IMPACT**

ESTIMATED PERSONNEL IMPACT

ESTIMATED BUDGET IMPACT

L. ACTIONFOCUSING OUT OF ☐ AR+CSR ☐ AR ONLY ☐ CSR ONLYIS HEREBY ☐ AUTHORIZED ☐ CONTINUED ☐ WITHDRAWN

FOR TIME PERIOD _____ — _____

CONDITIONS/REASONS FOR WITHDRAWAL

NEXT FOLLOW-UP REPORT DUE

ACTION TAKEN BY _____

TITLE _____

FOF

PSRO _____

HOSPITAL _____

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FOG _____

DATE _____

CONTINUATION PAGE

ITEM

REMARKS

FOF

PSRO _____ HOSPITAL _____

FOG _____ DATE _____

LOS PERCENTILE CALCULATION WORKSHEET

LOS (DAYS)	PATIENTS AT EACH LOS			10TH PERCENTILE _____ + 10 = _____ (TOTAL PATIENTS) (PATIENT NUMBER)
	TALLY SPACE	TOTAL PER DAY	CUMU- LATIVE	
<1				LOS FOR THIS PATIENT = _____
1				
2				
3				25TH PERCENTILE _____ ÷ 4 = _____ (TOTAL PATIENTS) (PATIENT NUMBER)
4				
5				
6				LOS FOR THIS PATIENT = _____
7				
8				
9				50TH PERCENTILE _____ ÷ 2 = _____ (TOTAL PATIENTS) (PATIENT NUMBER)
10				
11				
12				LOS FOR THIS PATIENT = _____
13				
14				
15				75TH PERCENTILE _____ × 3 = _____ ÷ 4 = _____ (TOTAL (PRODUCT) (PATIENT PATIENTS) NUMBER)
16				
17				
18				LOS FOR THIS PATIENT = _____
19				
20				
21				90TH PERCENTILE _____ × 9 = _____ ÷ 10 = _____ (TOTAL (PRODUCT) (PATIENT PATIENTS) NUMBER)
22				
23				
24				LOS FOR THIS PATIENT = _____
25				
26				
27				PREPARED BY: _____ DATE _____ PHONE _____
28				
29				
30				
TOTAL PATIENTS				



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